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ABSTRACT

The proceedings report papers, discussions, and other institute activities. Included are papers by Bonnie Kirkham on the classroom observation, via film, of emotionally disturbed children; Pearl Breslow on the translation of clinical findings into everyday classroom planning; and Gerri Bradley on the role of language and language therapy in the education of the handicapped. Summaries are given of Carl Fenichel's papers on the evolution of the League School for Seriously Disturbed Children in New York City, the fading lines between emotionally disturbed and neurologically impaired, and teaching disturbed children. Also reported are a question and answer session, demonstrations of the overhead projector and the language master, and evaluation of the institute. Suggested instructional materials and equipment are listed, and a format for teacher reports is appended. (JD)

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THE NEW YORK STATE EDUCATION DEPARTMENT
Presents Proceedings On

INTERVENTION TECHNIQUES FOR SPECIAL CLASS TEACHERS OF EMOTIONALLY HANDICAPPED AND BRAIN INJURED CHILDREN

November 24, 25 and 26, 1969

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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Special Study Institute

Funded under Section 301, P.L. 85-926

PROGRAM

November 24, '1969

8:30 a.m.	Registration
8:45 a.m.	Welcome -- Dr. George W. Maybury Greetings -- Mr. Richard E. Hehir
9:00 a.m.	Mrs. Bonnie Kirkham Film: "Classroom Observation -- a Class of Emotionally Disturbed Children"
10:15 a.m.	Coffeebreak
10:30 a.m.	Mrs. Kirkham "Intervention Techniques"
11:45 a.m.	Luncheon Remarks -- Dr. Carl Fenichel "Evolution of the League School -- Educational Approach"
1:00 p.m.	Dr. Fenichel "Fading Lines Between the Emotionally Disturbed and Neurologically Impaired"
3:15 p.m.	Adjournment

PROGRAM

November 25, 1969

8:45 a.m.	Dr. Fenichel
	"What It Takes To Teach Disturbed Children" (Group A)
	Mrs. Pearl Breslow
	"Translation of Records and Clinical Findings into the Curriculum and Daily Planning" (Group B)
10:15 a.m.	Coffeebreak
10:30 a.m.	Dr. Fenichel (Group B)
	Mrs. Breslow (Group A)
11:45 a.m.	Lunch
12:30 p.m.	Mrs. Gerri Bradley
	"Role of Language and Language Therapy in the Education of the Handicapped" (Group A)
	Mr. James Marillo and Miss Joan Robinson
	"Materials and Demonstration Session" (Group B)
1:45 p.m.	Coffeebreak
2:00 p.m.	Mrs. Bradley (Group B)
	Mr. Marillo and Miss Joan Robinson (Group A)
3:15 p.m.	Adjournment

November 26, 1969

8:45 a.m.	Open Session -- Dr. Fenichel
	Questions and Answers
10:15 a.m.	Coffeebreak
12:00	Adjournment

PROLOGUE

"I am highly impressed with the care that has gone into the selection of the specialists who will be working with you for the next few days. I am delighted with the quality of these folks and I am sure that you will be also. Not only were the members of the planning committee concerned that this should be an important and professionally stimulating experience for each of you, but also that there would be sufficient variety in the program to insure both range and depth. When the workshop is over no one should feel that he was here for an endurance activity, but rather that he has been involved in something that has been continually challenging and rewarding and that it has happened in ways that have been exciting and enjoyable as well."

(From Dr. George Maybury's welcome
to the Institute participants)

"This Institute is unique in that it is being jointly sponsored by two units within the Division for Handicapped Children. I don't mean to imply that we operate in separate domains. We don't. On the other hand, cooperation in sponsoring this kind of Institute is unique. This is the first time it has been done in New York State. Why are we cooperating? I think it is in recognition of the fact that certain groups of handicapped children are and should be provided with an education in, if not the same class, at least with the same techniques and methodology. We are seeing a diminishing of the discreet line separating categories of handicapped children. We don't see neurologically impaired being separate and segregated from other handicapped children as we see the same thing being true with the emotionally handicapped. We see that there are techniques, methods, and interventions that can be used with both of these groups of handicapped children, and therefore we feel there should be some provision for the teachers who are providing instruction for these kinds of kids to meet and to be able to discuss their problems with one another. Quite frequently these two groups of handicapped children, who were previously segregated according to medical definition, are now being grouped together in the same classroom or in the same program because of their educational functioning. So we see the need for this kind of union--for this kind of Institute, and hopefully be able to provide some help to you."

(From Mr. Richard Hehir's greetings to
the Institute participants)

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Subject: CLASSROOM OBSERVATION --
A CLASS OF EMOTIONALLY DISTURBED
CHILDREN

Activity: DISCUSSION AND FILM

Institute Leader: Mrs. Bonnie Kirkham, Director of Special Education
Baldwinsville Central Schools
Baldwinsville, New York

Introducing the Institute participants to a model entitled "Skill components of agent effectiveness" (See Table 1, following page), Mrs. Bonnie Kirkham opened the first working day of the Institute with a discussion and film which stimulated many questions concerning intervention techniques.

The film was produced by Dr. Dan Sage, Director of Special Education Administration, Syracuse University. The locale and the seven male children who provided the action for the film remain anonymous. The action takes place in an elementary school classroom and the teacher is Mrs. Kirkham.

Mrs. Kirkham contends that the model (Table 1) is a useful way of presenting intervention techniques in the classroom. Skill in discrimination has three components: discriminating between environments, discriminating between behaviors, and discriminating between persons. The chairman of a meeting may use these discriminations in the way he starts the meeting, recognizing that the participants are there for a purpose; that their pre-meeting behavior is not intended to be diverting or discourteous; and that their professional standing, e.g.,educators, opens the door for certain assumptions about them.

The model implies that skill in radiating an environment is important in changing the behavior of people we are dealing with. How does the teacher radiate an environment? Mrs. Kirkham illustrated this by two cases: Johnny comes into the classroom and he is unable to join the activities that are going on, such as children in small groups doing something. The teacher doesn't pressure him, knowing that he will eventually join a group. Johnny does finally join a group. The teacher has radiated one type of environment.

Skill components of agent effectiveness

Type of Skill			
Skill in flexible modulation from one environment to another.		To shift from one environment to another under appropriate circumstances. (Time 1) E_x: P_1-B_1 (Time 2) E_y: P_1-B_3	
Skill in radiating environments	To radiate a variety of environments. E_x: E_y:	To radiate that environment which will produce a specific behavior E_x: - B_1 E_y: - B_2	To radiate that environmen which will produce a specific behavior from a particular person. E_x: P_1-B_1 E_y: P_{II}-B_1
Skill in discrimination	To discriminate between environments. E_x / E_y / E_z	To discriminate between behaviors. B_1 / B_2 / B_3	To discriminate between persons. P_1 / P_{11} / P_{111}

From: Hunt, D.E. A model for analyzing the training of training agents
Merrill Palmer Quarterly, April, 1966

TABLE 1

Jimmy comes into the classroom. If he doesn't have something to do immediately he will "blow it" for the day. Jimmy is an aggressive child, moving into everything. With Jimmy it is a case of "Let's get to the table and start working." In this case the teacher has radiated another type of environment. She has been quite direct with Jimmy, not so direct with Johnny.

Furthermore, the teacher has modulated from one environment to another. She is looking at Johnny and Jimmy and seeing them as different persons. At the same time she is presenting herself as a different kind of person, modulating, as it were, from one environment to another, presenting herself as a different person to each child.

Mrs. Kirkham then proceeded to classify several types of environments:

Direct environment - The teacher is a direct kind of person, telling people what to do.

Indirect environment - This is opposite to the direct environment; the teacher allows more freedom but it is planned. The teacher plans her indirectness.

Teacher centered environment - In this case a lot of attention is focussed on the teacher. The teacher's opinion predominates. "That's right," the teacher says with authority.

Student centered environment - This is opposite to the teacher centered environment. Here the teacher gets the reflective thinking from children. "What do you think about this?" The teacher gets the feeling of the children in the room; she wants feedback from them.

There are other environments familiar to most of us. The psychoeducational environment encompasses lots of behavior; among others are the traditional environment and the behavior modification environment, all of which are well known to the student of educational psychology.

When talking about discriminating between people we are talking about looking closely at the behavior of children and what it means for a particular child. Take any given bit of behavior from three different children and we find that in each this might represent a different kind of feeling. There is something else going on inside of each of them. We can't make a generalized statement that when a door is slammed by these three children that it means the same thing to all of them. We have to discriminate their behaviors. The skill in doing this is the skill of observation. If you don't have it when you first go into the classroom you may have lots of trouble. However, most people develop it.

"How well do you interpret behavior so that you can tell the difference between people?" Mrs. Kirkham posed this question for the participants. If we are to have skill in discriminating persons then we must know all about individual differences and child development. Many people have a theoretical bias when discriminating between persons. The theoretical bias may depend upon what they have read and studied. In any case we put all of these things together when we are being interveners in the child's behavior-when we are presenting ourselves in the classroom. Then Mrs. Kirkham pointed out

> "This model does not presuppose that any kind of environment is better than any other kind of environment. We have people rallying the flag for a particular environment, e.g.,psychoeducational, behavior modification. This model is saying that for any particular person at a particular time one environment is best in order to get the behavior we would like to see. When you use this kind of model it precludes suggesting that there are 50 ways of handling children in the classroom and this is the way it is--the old cook book approach."

(At this point the film was shown following which Mrs. Kirkham fielded questions from the participants.)

Sample questions and answers:

> Q. Were you utilizing your candy as some kind of reward system or was this a daily snack system?

A. This was not a reward--just something you got for being in the room, sitting in your seat... what Redl would call "hurdle help."

Q. These kids were obviously aware of the camera. Was this a typical day or were they putting you on the shelf?

A. No-this was not a typical day. The camera was in the back corner of the room-it was taller than I am...there was a man behind it, swiveling around... microphones around...cables all over the place... the children were quite anxious.

Q. Could you discuss the approach you used, what you feel the advantages and disadvantages were, and if you would still use the approach?

A. Essentially it was the psychoeducational approach where I was trying to have the children realize what their behavior was like. A lot of these kids are so hyperactive that when you say "what did you just do,"--they can't recreate their actions. So I was trying to let them see what exactly their behavior means, to me as a teacher, and to you as a child, and to the rest of the people in the room, so that they would begin to have some idea of cause and effect. You know, if you go by and kick his desk, he's going to think you are mad and you are going to get bopped in the head. At this time this was my particular style. I don't feel that I had enough of myself in there. I was just kind of letting feelings bounce off me and saying "this is the way it is." I think it would be must more effective if I had said "You know, I'm really getting angry," if I had been more honest about my own feelings, being more of a model rather than a reflector. I think for some of these kids it was very difficult in this situation. If we had had an individualized program where you had study carrels, your materials right there to eliminate some of the stimuli, I think it would have been much better for some of these kids. A disadvantage? One obvious one is it's a drain on the teacher. There is certainly a great deal of contagion in behavior. Do you want to put all of these kids together and get this kind of contagion or can we spread them out and not

> *have it occur? Is it worth it to have the contagion to have this kind of classroom or is there so much guilt that the behavior that comes out---are you losing some of the advantages?*

Answering other questions in the concluding minutes of the session, Mrs. Kirkham touched on the changes in the children's behavior the presence of the video tape as a variable, and the effect her own training might have had on the outcome. Some success had been achieved with two of the children whereas the other five showed questionable change. The video camera did seem to affect the classroom environment, and Mrs. Kirkham felt that her training did not influence the way she behaved in this situation.

Subject:	EVOLUTION OF THE LEAGUE SCHOOL - EDUCATIONAL APPROACH
Activity:	LUNCHEON AND REMARKS
Institute Leader:	*Dr. Carl Fenichel, Director* *League School for Seriously Disturbed Children* *New York City*

Dr. Fenichel reviewed briefly the history, philosophy, and, program of the League School at a luncheon meeting preceding the afternoon session. In his initial remarks he reminded the Institute participants that twenty years ago the emotionally disturbed child labeled schizophrenic usually ended up in a state hospital. There was no other place for a child to go except for a few private schools which most parents could not afford. Besides, most parents wanted to hold on to their children anyway.

It was at this time, while working at Kings County Hospital that Dr. Fenichel began toying with the idea of starting a school for emotionally disturbed children. The prevailing idea at that time was that nothing could be done for these children who had been branded with the label schizophrenia or symbiosis. It was thought that only psychiatry could do anything, but psychiatrists admitted they weren't getting any place. Dr. Fenichel's idea became reality and the first school was started 17 years ago.

Starting with only two children, the League School took only those diagnosed as schizophrenic as defined by Dr. Lauretta Bender and those labeled with infantile autism as defined by Dr. Leo Connor at Johns Hopkins University in 1943. No brain injured children were accepted. At this point "we thought we knew what we were talking about--that is in terms of psychiatry and psychoanalysis," stated Dr. Fenichel.

It was then that Dr. Fenichel and others began to see that labels had no relevance for teachers and that special education might be able to do something psychiatry and psychoanalysis had not been able to. This stand was severely criticized because of the prevailing thought that children's emotional disorders were psychogenic in origin and only somebody trained in psychiatry could work with them. Dr. Fenichel was at one time himself strongly influenced by the psychoanalytic school.

Dr. Fenichel and his colleagues weren't sure about the program but it was very permissive in nature. The idea was to let the children ventilate, to let them express themselves. Over and over again the literature had emphasized that children had been damaged by their parents, who had deprived them of the pleasures of infancy, and the only way to restore them to health was to give them freedom and let them express themselves.

This was the worst thing in the world for them, according to Dr. Fenichel. Disturbed, disorganized children need someone to organize their world for them. Changing tactics, the League School staff began more and more to have a structured program. Today the structured program is accepted, but at one time during the development of the League School, it was sharply critized. Teachers were not trained in special education and the program was handled by people who saw themselves as therapists. They were attracted to children and wanted to work in the classroom. They wanted to do therapy in the classroom. At this point Dr. Fenichel described how the staff handled the case of a particularly distructive child.

By experience the League School staff learned many things, among them that the medical model is meaningless. Labels like symbiosis, infantile autism, childhood schizophrenia lack meaning. Many children with the same label function in different ways. Children with the same label could be either hyperkinetic or withdrawn. This is also true in other areas, e.g., body motility. There are extremes of behavior in children with similar labels. Two decisions were made by the League School at this point: To scrap labels and to have the clinical team (psychologists, psychiatrists, language therapists, neurologists) diagnose children in terms of specific deficits and secondary disabilities the child has in learning.

Dr. Fenichel thinks that disturbed children are disturbed because they can't learn and not disturbed for psychological reasons. Here he does not mean learning in the narrow sense, the inability to learn the three "R's". The early history of these children shows a difference; the League School children from earliest infancy didn't seem to learn from the world around them. They couldn't cope with the world and didn't meet the demands parents make from a growing infant. Reading cripples have usually been treated as emotional problems with varying theories as to the basis of the emotional problem. Freudian theories played no small part in this theorizing. There is less and less of this kind of theorizing today. If a child can't read he will become an emotional problem.

There is overlapping in labels. Many children will end up like retarded children, particularly if they don't experience the give and take they must experience in growing up. If they don't develop language in the first five years, they are bound to end up retarded.

Many League children had characteristics of so-called brain damaged children, pointing up the uselessness of labels. Today teachers are being trained in specific areas such as mental retardation, emotionally disturbed, or brain injured. Dr. Fenichel hopes this will be discontinued at some time in the future. Why? Each child needs a program of his own based on findings of the clinical team. No two children are alike; each child needs a program of his own.

At the League School there is one teacher for every three children and for every six teachers there is a unit supervisor. Each child's program is different since each child's learning style is different. The emphasis is on the differences, with the sensitivity of the teacher being very important.

In concluding his remarks at the luncheon meeting, Dr. Fenichel touched on the philosphy of the League School which is basically that there is no one solution to a child's problem. Each child needs a program of his own. Furthermore, the child needs a structured program. This doesn't mean a minute to minute schedule since some children have built their own structure and this needs to be broken down.

Subject: FADING LINES BETWEEN THE EMOTIONALLY DISTURBED AND NEUROLOGICALLY IMPAIRED

Activity: PRESENTATION AND DISCUSSION

Institute Leader: Dr. Carl Fenichel, Founder and Director
League School for Seriously Disturbed Children
New York City

"Along with other labels such as childhood schizophrenia or infantile autism, terms such as minimal brain damage or cerebral dysfunction may give the professional a sense of security, wisdom, and certainty, but these terms are not as scientific or as precise as they seem." With this statement, Dr. Carl Fenichel opened the first afternoon session of the Institute.

Dr. Fenichel continued his discussion by exploring the popular terminology regarding so-called "brain damaged" children and to what extent it is reliable in describing a child's status. He stated that the term "brain damage" has no more meaning than "childhood schizophrenia." There are those who think they know what a brain damaged child is like yet there are neurologists who claim that every human born has some damage. There are those who like Dr. Sydney Carter will say they have no evidence of brain damage but simply suspect brain damage because of behavior. Dr. Fenichel believes that we should not think that we understand a child because we call him brain damaged.

Some brain injured children are hyperkinetic while others have the reverse qualities of lethargy and withdrawal. So there is no one characteristic which makes one child brain damaged and another not. The term seems to have some usefullness in removing some of the guilt from parents who unfortunately have been made to feel that they created the mental disturbance in their child by not bringing him up properly and many parents do feel relieved when they are told that their child is brain damaged rather than schizophrenic. However there are other parents who don't like the term because they feel that it has an air of finality about it--a feeling of hopelessness.

Dr. Fenichel feels that the line between the brain injured child and the disturbed child no longer has meaning for him because it should be obvious to everyone of us that if you have a child who is damaged as far as his central nervous system is concerned that child is bound to have emotional problems.

The average child learns to sit, to walk, to talk, to relate, and to play and begins to have a good feeling about himself, developing self-esteem. His parents are proud of him when he takes his first step, uses his first word; but take a child who had a central nervous system disorder and doesn't develop these abilities the way the normal child does. He knows he isn't meeting the demands and expectations of his mama and papa; he knows he is not satisfying them and sees the look on their faces--as much as they try to conceal it from him. He begins to recognize his inadequacies as he meets with failure day after day. A child like this is bound to be disturbed.

The same thing is true of a child suffering from a receptive language disorder which is for the most part caused by inability of the child to integrate symbols somewhere in the nervous system and give them meaning. The child who doesn't develop speech or doesn't understand language is bound to become autistic. This is why the term autistic has lost meaning to Dr. Fenichel. He thinks that parents grab on to this word because it is less threatening than schizophrenic.

There is the beginning of an awareness that origins of children's emotional disturbances are not only psychogenic but that they may be biochemical or organic. The illness of the children at the League School is not one illness only. It is probably the result of many illnesses which complicates their problems. There are many things that we do not know about the central nervous system. The line between the neurologically impaired and the emotionally disturbed is a pretty artificial one.

(At this point Dr. Fenichel opened the session to questions and discussion for the Institute participants)

Q. Will you discuss the notion that the autistic child is artistically inclined, for example musically?

A. There was a time when we believed a lot of things about the autistic child--that he was very bright and had certain gifts, for example, in music, or language, or art. We found some children fascinated by music but we also found that they were fascinated by a record spinning around and would spin around themselves. We do know that some of these children can deceive us. Some came to the League School who could read at a three year level. They really were not readers. They were name callers. There was no comprehension to go along with what they were reading. Some have phenomenal rote memory. The memories some have are very rigid, select memories. They cannot take this and use it appropriately. One area where our children fail is in the inability to take what they learn and integrate it appropriately. Their failure in so many ways is in integration.

Q. I would like to hear some more about your multi-disciplinary approach or your initial diagnostic procedures and how you assemble this information into something meaningful.

A. As I said, we have a number of clinical services. We have a child psychiatrist one day a week from Down State Medical Center; we have a pediatric neurologist four days a week; we have one full time and three part time psychologists; we have two language therapists and a language consultant; we have three social workers and all these unit supervisors. All are involved in a psychoeducational assessment. The neurologists tries to see whether he can find anything that needs to be done. The psychologists try to find secondary systems of behavior problems--not so much IQ's as to finding specific defects, e.g., those connected with hearing or sight. The psychoeducational assessment is an ongoing type of thing. An attempt is made to find the modality that is most useful. There are many clues we get from teaching. There is a close relationship between teachers and clinicians. Then the unit supervisors are there to meet with the teachers and clinicians. It's an ongoing process that involves every member of the team.

Q. Do you try to assemble this information into some kind of prescriptive package that gives you a pretty specific idea of how to approach the child with continual reassessments as you go along? Is that the way?

A. Yes. We also have to give priorities to certain areas. You find out that they can't even focus on you for two minutes; they can't even sit in their chairs. We have to take some of those characteristics first--if a child can't sit in a chair for a few minutes our first job may be to get him to make eye contact--getting him to focus on a simple task for a period of time. Some children have the problem of not being able to listen. They can hear but can't listen; it may be that they cannot screen out extraneous noises. We have children like that. We have to train them to screen out extraneous noises and this is not a simple thing to do.

We recognize that clinicians can't learn about a child by just taking him into his office and watching him. I make it my business that all clinicians go into the classroom and see the child interacting with other children. If I had to choose one discipline aside from the teacher that I think would be helpful to the teacher-everything else being equal--I'd say it's the language therapist--language in the broadest sense. I'm not talking about the speech therapist of the old days who used to be interested in diction and enunciation and speech per se. I'm thinking of people who are being trained more and more to work in the area of language in its broadest sense, involving words, comprehension, concept formation.

Our language therapists test children who have language problems. They also have individual sessions with some of the children who need individual work. But it doesn't end there. I think it's most important for the language therapist who is working with the child on a 1-1 basis to go into the classroom too and to give some of her findings to the teacher and also give the teacher some of her methods and techniques so that she can use this in the classroom.

We don't feel that one half hour or one hour of language therapy that a child gets is sufficient. The teacher has to become fairly expert in training a child--in learning how to stimulate language and develop language in a child. So there isn't this isolation between the clinician and the teachers. And yet every clinician recognizes early that their work is an adjunct to the teacher. That's true of medication too. Medication is only an adjunct. The teacher has to be involved in a medication program. The teacher informs medical personnel if a drug is making a child too drowsy so that the drug may be changed or the dosage altered. Every clinician sees himself as an adjunct to the teacher's role and the teacher's role is the crucial one. The teachers have status and see themselves as having a crucial role.

One of the final questions asked by the participants had to do with the Home Training Program used by the League School. Dr. Fenichel's answer is summarized in the following paragraphs.

The Home Training Program was started a few years ago and is considered a very exciting activity. It involves three or four year old children who are on the waiting list and who are considered to be seriously sick. The program was started with Federal aide through the National Institute for Mental Health. Dr. Fenichel pointed out that the earlier they (the children) can be identified, the sicker they are going to be. Children coming into the public school are not going to be as sick as children whose illness has been discovered by parents in the first year of life. These are the sickest children. Mothers are aware of bizarre behavior.

Documents show that parents have shopped around--getting labels but no treatment for their children. They also get a variety of recommendations. Eventually parents become confused and don't know what to do. The child may become a tyrant in the home, ruling the household and doing his rituals day after day.

League clinicians make complete evaluations of these children. A mother will bring her child once a week for an hour. The teacher works with the child, the program being based on the findings of the clinical team. The mother remains in the room watching the teacher working with the child. The mother also has sessions with the teacher and the psychiatric director. The session with the psychiatric director is not a formal session. The parent will have sessions with the social worker--usually this is a group of parents working together.

What is the purpose of this? The purpose is to make the parent a sort of teacher working under the supervision of the school. The home becomes an extension of the school. The mother comes to realize that she can do something; that she can intervene; that the child can be educated or trained to do something.

This is not a cure but it does reduce some of the secondary symptoms if you get the children early enough. Also, Dr. Fenichel feels that a better diagnosis can be made over a period of time and a determination can be made as to what kind of setting the child needs. The mother is helped therapeutically as well. Instead of seeing herself as inept she sees what can be done with the child.

Dr. Fenichel thinks that this kind of program may grow, perhaps by a combination of community health boards working with the school districts. He emphasized the need for early identification followed by immediate intervention, using parents in the way mentioned above. He sees parents as partners and suggests that we can learn from them.

Subject:	*WHAT IT TAKES TO TEACH DISTURBED CHILDREN*
Activity:	*PRESENTATION AND DISCUSSION*
Institute Leader:	*Dr. Carl Fenichel, Founder and Director League School for Seriously Disturbed Children New York City*

During this session Dr. Fenichel explored the various traits, qualities, personal attributes and motivations which he sees as valuable in the successful teaching of disturbed youngsters. He prefaced his remarks by stating that the educational process is essentially "a human relationship between teacher and child..." A most important ingredient is the practice and application of theories of special education and mental health, rather than an understanding and intellectual acceptance of them.

While describing the personality variables of this teacher specialist, it was emphasized that no simple analysis of what kinds of teachers are best for these children is possible. Some qualities, however, were suggested as highly desireable, such as, "...a high degree of motivation, enthusiasm, humor, resourcefulness, spontaneity, sensitivity, creativity, emotional and physical stamina."

The teacher must be comfortable with a wide range of pathology and bizarre behavior and must be equipped to accept much provocation, aggression and impulsivity without being threatened. Importantly also, she must recognize her own feelings toward the children, whether they be feelings of hostility, insecurity or actual repulsion of the child because of his behavior.

Other qualities expressed by Dr. Fenichel were genuine feelings of warmth and acceptance, flexible in that she can be "firm, permissive, structured, unstructured..." dependent on the needs of the children.

She must have the independence and resourcefulness to not only accept and use when possible those procedures suggested by "authorities" in the field, but also function according to the directions determined by the child's on the spot behaviors.

Despite the slow and many times imperceptible progress evidenced by such children, the teacher must never see hopelessness. She must have the optimism needed to focus on potential progress and positive change. Yet at the same time, such teachers must remain objective in their evaluation and measurement of such progress without entering their own needs for progress into the evaluation, that is, they must guard against seeing improvement when none has taken place.

The specialist teacher must recognize that no human being can be familiar with and articulate the existing repertories of knowledge and skill which many fields and disciplines contribute to special education. In accepting help from these several disciplines, she must never allow an "expert-dummy" or "superior-inferior" relationship to develop. The contributions of the applied expert are those of broad "guidelines, clues and recommendations."

While personality traits can be optimal for teaching disturbed children, they must be seen in the broad perspective of teaching competencies developed from professional preparation, broad classroom experiences, and practice teaching under creative master teachers or supervisors.

In his continued commentary, Dr. Fenichel related the behaviors of disturbed children to those of children who have failed to grow up. The training of nursery and kindergarten teachers and indeed all elementary teachers, can be most useful in understanding the dynamics of much of the disturbed behavior. These teachers are usually reasonably comfortable with the infantile behavior characteristics of many disturbed children, such as, swift mood changes; temper tantrums; inadequate and inappropriate communication; self management problems in eating, dressing and toileting; and the confusion between fact and fantasy.

While thorough grounding and training in teaching normal children is advantageous it can afford reinforcement of techniques, workable with normal children, which is totally non-functional with the disturbed. That is, some techniques workable with normal children are totally inappropriate with the so-called disturbed children.

Dr. Fenichel extended his presentation to consider regular classroom teachers by commenting on the need for their education in the Nature & Needs of the Retarded, Neurologically Impaired, Emotionally Disturbed and other Educationally Handicapped Children.

Teachers of disturbed children need the added perceptual sensitivity to such children's facial expressions, body movements, gestures and the many other non-verbal cues these children make because of the great incidence of severely limited or impaired verbal expression. A supporitive hand on a troubled, confused or angry child's shoulder is often more persuasive and reassuring than a persons sermon, lecture or threat.

The special teacher "... acquires the ability to provide structure and definition for every activity... as well as increased flexibility to classroom procedures and program." She must be alert and tuned in to the cues provided by the children as to imminent inattentiveness, disinterest, frustration and failure before it actually happens.

Dr. Fenichel concluded his presentation by stating that the special teacher of disturbed youngsters learns how to mix the inevitable frustrations of such youngsters with some gratifying ones.

Following are some random questions and responses motivated by Dr. Fenichel's presentation:

Q. Do you find it's important for teachers to leave school problems in school?

A. Not if you pick them up as soon as you walk in again the next day.

Q. What about the child you find it difficult to relate to, that is, a child you don't particularly care for?

A. The problem is not whether or not you like or dislike but, rather to know or recognize we like or dislike someone.

Q. Is there a great deal of practical training provided for these children?

A. Yes. Even the simplest tasks, like hanging up a coat, need to be broken down into simple steps for many of these disturbed children. This is a clue to educating them, the fact that we structure their tasks carefully.

Q. What do you think about using color?

A. There are theories of the antiseptic classroom and also, of multi-stimulus classrooms. We at League generally start with a quiet, peaceful room and graduate to a multi-stimulus room.

Q. What about one child helping another?

A. Right. We capitalize on strengths of others. This can't be done, however, when the helping child somehow is a threat to the one being helped.

Q. What courses do you teachers feel are most important to them?

A. Courses frequently seem to have little or no relevance when taken before experience in teaching. It seems that after some teaching experience, these courses are more productive, in that they take on a new meaningfulness.

Q. What is your teacher pupil ratio at the League School?

A. We have two teachers in each room, and anywhere from four to six children in each room. Children come at 8:30. The day begins at 9:00 and lasts until 2:00. Teachers have sessions every day from 2:00 to 3:00 with their unit supervisor. Every Tuesday we have staff conferences from 2:15 until 4:00 the pediatric neurologist may lead a discussion; we may have a panel of teachers; often open-ended discussions; sometimes a case conference discussion on a particular child.

Q. What happens during the 8:30 to 9 o'clock period when children have no formal class instruction?

A. There is some free planning, snack time and this snack time is used very carefully to get children to interact with others. Some children will interact only when they have a cracker and a little juice in front of them. It has value more than just the eating. Concepts, such as large cookies, small cookies, when to stop pouring juice before it overflows, etc., can be put across in concrete true situations better than in abstract and artificial ones. The teachers eat with the children--family style. Some of our children had strange eating habits, i.e., drinking milk only from a pink cup; potato chips with peanut butter, etc., day after day. Family style seemed to help this. Pressure of the group is contagious, in that all the children begin to explore foods, etc. A great socializer.

Dr. Fenichel's concluding remarks centered about focusing the human and humane interaction between teacher and child as the important variable in educating and helping disturbed children. Structuring and engineering their tasks with the help of a supervisor or master teacher becomes the vehicle to reaching these children. Above all "... what the disturbed child, who is all too familiar with failure, needs most is the sweet taste of success and achievement."

Subject: TRANSLATION OF CLINICAL FINDINGS INTO EVERYDAY CLASSROOM PLANNING

Activity: PRESENTATION AND DISCUSSION

Institute Leader: Mrs. Pearl Breslow, Section Supervisor
League School for Seriously Disturbed Children
New York City

Mrs. Breslow initially provided an overview of the organization and structure of the League School. This was followed by a description of the type of children at the League School. Given a certain amount of input, one would expect a certain amount of computerability. If this isn't forthcoming we realize we're dealing with a kind of retardation.

Many of these children function as retarded children. They do not need a watered-down program but rather a different kind of program. They need training in habituating responses in becoming comfortable with certain ways of acting, behaving and doing rather than in original thought processes. Reading is one area which these children frequently do well academically.

There are three classes of very primitively functioning children (age ranges from 7 - 15) whose program is very exploratory. Finding out "what really works" with such children to restore contact with their environment, however small to start with, is one of the goals. There is a primary class (ages 7 - 9), and intermediate class (ages 9 - 12) and a higher age group (13 - 15). Those children are truly retarded. Programs based on the New York City CORE program were developed for them last year. Many of the ideas in CORE are good but, of course, require much structure for the type of child at the League School.

We now have a small group of these children who are at present ready to go out to some occupational center for training in some useful, saleable skill area. These children are roughly 15 - 17 years old. They are doing functional reading, writing and arithmetic.

Mrs. Breslow broadly described the learning and behavioral deficiencies of the children at the League School combinations of one or more of four basic categories: perception, coordination, attention and language. The teachers' greatest resources still remain the pioneering books written by the "greats" in the field of special education, e.g., Strauss and Lektinen; Cruickshank, Getman, Kephart, Frostig, Myklebust and Johnson. There is now, in addition, a choice of methods, techniques, and procedures which can be used judiciously in planning the educational programs of our special children. Special gadgets and gimmicks sold to remediate one deficiency or another are omnipresent. Fast becoming reality are the Regional Materials and Instructional Resource Centers. Never before has the educational front been deluged with the potential for making great strides in educating this type child.

Good curriculum, Mrs. Breslow continued, must be concerned with "...many aspects of the children's lives, and its goals should be developmental as well as remedial. Before curriculum can be planned for any group of children, and particularly for ours, one must have a clear picture in mind of the characteristics of the children for whom this curriculum is intended; the long-range educational goals for each child, and the short-range aims of the program."

At the League School our children are not selected on the basis of how neatly they fall into clinical syndromes so, they may be educated in neat pre-planned programs in the many areas of deficiency. On the contrary, the child is accepted for what he is "...so severely handicapped that he qualifies for none of the on-going programs of Special Education in the City of New York, and we tailor an educational program to meet his unique needs. This program must then be implemented in the context of a class or group, for living and learning in groups is what schools are all about, as differentiated from remedial tutorial educational therapy."

We begin our process with a complete psychoeducational assessment (See attached for outlines for teacher reports, Appendix A). His physical, sensory, motor perceptual, cognitive, and behavioral functions are evaluated and described by the clinicians which are then substantiated by classroom teacher observations. From these pooled data, a Profile Abstract of each child can be derived, and this vital information becomes the instrument that helps guide the teacher and supervisor in tailoring program to meet the specific needs of every child.

Mrs. Breslow then explored the procedure of using a child's records to engineer and design a specific and unique program for a child. Here an example of a multiply-handicapped child with poor sensory function, inadequate motor development, faulty conceptualization, immature language usage who had been sheltered, pampered, protected, catered to by parents was used to exemplify the program engineering. Environments most like his in the many areas of need were defined and either matched at the school or established anew. "Rather than asking where the child would best fit, we asked where can we best fit the child."

Continuing with program planning notions at the League School for this boy's class, Mrs. Breslow indicated a focus on program planning surrounding topics of general environmental knowledge. Programs based on the CRMD Social Studies Core were established with focus on People, Health and Hygiene, Food, Shelter, Clothing, Safety, Manners and Recreation. The entire group of six children (the boy's classmates) had structured programs (to fit their needs) in Social Studies, Music, Dance, Physical Education, Art, Speech and Language. Since all children were at different levels in reading, writing and arithmetic, the teachers assume full responsibility in these areas. Individual therapy with a part-time staff psychiatrist or psychologist, language therapist, etc., are scheduled according to individual needs. Continued and connected involvement of the unit supervisors with the teacher, staff clinicians, therapists, and social workers are part of every day activities, both during and after school hours. It seems only with this sort of global involvement can the childs' education and remediation be dealt with effectively.

After the discussion of the general philosophic and theoretical foundations of the League School, the practical applied notions, such as, scheduling, subject matter, therapy, grouping, etc., were explored.

Most importantly, Mrs. Breslow concluded, "Know the characteristics of the child you're educating, know where you want to go with him over a period of a few years, then know a little more closely what you can do in one year, then try to put these things into perspective and your individual planning and tailoring for that child. Then break this down into sections or small step planning."

Following is a sample of group interaction which followed Mrs. Breslow's presentation:

Q. Do your children usually go into regular classrooms or special classes after they leave your school?

A. Many can go into regular classes. Here again, we involve ourselves very intensively with the principal, and other personnel where the child is to be placed. All the background data which will perpetuate what has been started here in our school is passed on to them.

Q. How ready do children need to be in order to transfer out into a regular setting?

A. They must feel very comfortable and unthreatened. Of course, we always have that problem of leavinga comfortable unthreatening situation and "returning" to regular classes. Many times our children don't want this. In fact, parents sometimes communicate to their children to not look too good or they'll send you "back" to regular classroom. In a sense, this could perpetuate their pathology.

Q. Can you tell us a little more about special personnel and how they function?

A. Yes, aside from the clinical assessments, regular case conferences, we, the supervisors, language therapists, psychologists, psychiatrists, social workers are frequently in the halls, "intruding" in the classrooms, discussing, describing, deciding and implementing new ideas concerning the children. It's a matter of keeping ones eyes and ears open and tuned in to the needs and changes in our children and then deciding on a new direction, modification of the old one, etc. The teachers never feel they're on their own. We try hard to break down the categories of specialists in our school. In fact, we're all on a first name basis. We feel we communicate better that way. Even the children call Dr. Fenichel, - "Carl." So with me, it's "Pearl"; with her, "Gerri," and so on. The psychologists and psychiatrists are all on a first name basis.

Q. What kinds of records do you keep on children in the classroom such as anecdotal, academic, etc., and how do you use them?

A. We have very detailed outlines for reporting on a childs' behavior. Teachers do this three times a year. It's very directed observation which helps a teacher objectify and clear her thinking on a child. This not only charts progress, but also defines meaningfully how a child reacts to the multitude of stimuli which in itself outlines direction on how to handle this in the everyday setting in school.

Subject:	ROLE OF LANGUAGE AND LANGUAGE THERAPY IN THE EDUCATION OF THE HANDICAPPED
Activity:	PRESENTATION AND DISCUSSION
Institute Leader:	Mrs. Gerri Bradley, Language Therapist League School for Seriously Disturbed Children New York City

Mrs. Bradley developed the general idea of how the two full-time language therapists function at the League School. Some children in our school are non-verbal, however, her special assignment is with children who do have some language.

The primary roles of the language therapist are:

First, as a diagnostian - each child entering the League School receives a speech and language evaluation (anywhere from 3-10 sessions). Here one determines whether a child needs individual therapy and further whether a child has the type of problem which will benefit from therapy.

Second, as an individual therapist which itself has three sub-areas:

(A) articulation therapy when absolutely necessary, (only when child's speech is unintelligible)

(B) diagnose the specific language problems involved and develop remediation techniques, and,

(C) determine what processes the child has in his repertoire of learning and how quickly he can be moved from one area or level to the next.

> The third and most important role is to act as a consultant for teachers and supervisors. A certain amount of time is spent on each classroom observing, feeding back information on children and also functioning as a group language therapist in the classroom.

"Language" defined by Mrs. Bradley, occurs intrapersonally in that one is able to think of situations when removed from them in time and space, i.e., abstractly; and, inter-personally which is basically the transference of ideas, thoughts, and feelings.

"Speech" was defined as the sound and sound complexes used to make verbal symbols. Language, then, is what occurs up here (brain) and speech is what we're engaging in when we talk. Generally at the League School we concern ourselves very little with speech but rather direct our efforts toward language development.

At the League School, a basically developmental approach is followed in our planning and remediation. This does not mean that as a child finishes one stage the next automatically begins, but rather, one stage or level overlaps with the next, that is, longitudinally rather than intervallic. Also, as we go from one stage to the next, speech goes from the very concrete to the abstract. Here Mrs. Bradley pointed out that "glasses" and "door" have concrete referents, whereas, such words as "love" and "happy" are more abstract. (See Appendix B for paradigm.)

Mrs. Bradley stated that "Childhood Schizophrenia" as a categorical label or even its existence as a diagnostic category is based on an adult population and refers to an elaborate, developed, complex system which had broken down or become estranged from reality. This notion has little or no generalizability to children. Children never had a system and their's are just beginning to evolve.

An important aspect of language and communication, in working with severely disturbed non-verbal youngsters, is to have a tool to measure "what is going on in there." As we communicate, the interaction and transfer from one person to another is dependent on the degree of commonality each has with what is being communicated. Often overlooked is the fact that what we say to someone has no relevance, meaningfulness or relatedness to that person at all. With these children this situation is extremely inflated. Frequently, these children do not know how to respond to questions. It becomes necessary then to frame all questions within a "yes" or "no" context and involve these questions with very concrete situations such as, pictures or actual things in the immediate environment.

When the stage is reached where it is reasonably certain that a reliable "yes" - "no" response can be elicited, questions concerning more abstract activities on pictures, still framed in a "yes" - "no" context, can be pursued. If this same activity is discussed requiring more than a "yes" - "no" answer, the situation frequently becomes blurred and confused.

Mrs. Bradley continued with an example at her school. We wondered if one of our children was able to deal with abstract words. One way we went about this was to present a boy with a random selection of pictures from magazines and to ask him to sort them into "piles that go together." Here, of course, we were dealing with class concepts. Soon he was sorting the "foods" into one pile, "furniture" into another, "people" into another, and so on. Children frequently cannot attack verbal symbols but may have the concepts. Here one can teach the concept label or verbal symbol --"food" "clothes," etc., and ask that other items be sorted out into these categories. From this, one can begin, more and more, to deal with abstract uses of things such as, something to "keep you warm," " make you happy," etc. Next one can frame questions regarding these pictures as "what do you do with this?" -- "eat them," "drink them," "see with them," "write with them," etc. After this becomes stabilized, the question might be whether a question can really be understood. Typical of these children is that they cue themselves to some key word in the question and begin to tell you all they can about that object or thing. That is, the responses are not specific to the question form, but rather, to the meaning or heavy content word in the question. This can be used however, by framing the questions in terms of people or things in the subject's immediate environment, such as, who, what, where. These questions require a one word identification label. This can later be expanded into the larger community. The Peabody Language Development Kit is helpful here.

After consistent correct responses are elicited questions can be turned around by asking "What does the fireman do?" and "What does the dance teacher do?"

Mrs. Bradley, traced the language remediation or development in terms of the paradigm in Appendix B. Children and adults do not necessarily reach all the final stages of this language development. This graphic illustration of language development serves, however, to describe the developmental notions of the various phases passed through in the process of developing language as well as thought processes.

Some questions from the participants were:

Q. Do you see your role as strictly speech correctionist or more broadly as a language developer then?

A. As I mentioned earlier, I do specific speech correction but, only in very specific situations. When the child's words are strictly incomprehensible, I engage in articulation therapy.

Q. What tests do you use in your diagnostic procedures?

A. Many things I have found in my travels. Luria, a Russian Neurologist and Psychologist, has done extensive work on adult aphasia. He is the only neurologist I know of who has dealt specifically and effectively with language and its development. Approximately one third of his book "Higher Cortical Functions in Man" is devoted to testing procedures he used in tapping some of these notions. I have borrowed and used many of them. There are no age norms, but, they yield a great deal of information about these children.

Q. To what do you attribute the changes in behavior once the language is straightened out?

A. One has to start looking at what causes the behavior to begin with. Much is caused by the frustration in not being able to communicate. The anger and confusion are the results of this frustration. Stereotyped verbalizations, rigidity and extreme need for consistency are involved here as well. Some of our children go absolutely beserk when a schedule or room or teacher needs to be changed.

Q. Would you attribute this to extreme consistency and his need to continue his need for consistency in order to decrease his arousal level?

A. Right, this is why many of our children are on medication.

Q. *What about the child who echos the question?*

A. *Whenever this happens you can be reasonably certain the child just doesn't understand the question. He knows he should say something but doesn't know what to say, therefore, gives you back exactly what you gave him. The thing to do is to determine the way in which the question can be found to get a reliable response and then work from there.*

Mrs. Bradley concluded her presentation with a survey of the materials and ideas she uses in her testing and diagnostic procedures.

Subject:	*TEACHING MEDIA*
Activity:	*DEMONSTRATION OF THE OVERHEAD PROJECTOR AS A TEACHING AID* *DEMONSTRATION OF THE LANGUAGE MASTER AS A TEACHING AID*
Institute Leaders:	*Mr. James Marillo, Field Consultant* *Special Education Instructional Materials Center* *New York State Education Department* *Albany, New York*
	Miss Joan Robinson, Media Coordinator *Special Education Instructional Materials Center* *New York State Education Department* *Albany, New York*

In the first part of this session Miss Robinson explained and demonstrated how various materials can be used with the overhead projector as aids to teaching various concepts. In her demonstration she made use of both teacher created materials and those that are produced commercially for special use with the overhead. Her program included the following:

How to use simple printed matter
How to create materials for the overhead
Teaching measurement with the overhead
Map building and geographic symbols
Teaching language development with the overhead
How ditto masters and transparencies can be used to prepare materials
Teaching shapes with the overhead
Teaching scientific principles with the overhead

Mr. Marillo demonstrated how the Language Master may be useful as a teaching aid in classes for handicapped children. He showed how cards can be prepared by the teacher and selected several topics to dramatize the use of the cards. Mr. Marillo gave a demonstration of the use of the Language Master in

Teaching auditory and visual sequencing
Providing language experience
Teaching rhythmics

- Introducing the concept of measurements
- Teaching the names of objects
- Teaching color identification
- Teaching concepts dealing with money

He concluded his portion of the program by explaining how the Language Master could be used for programmed instruction, particularly in reading. This would also require the use of work sheets combined with the Language Master cards.

Both Miss Robinson and Mr. Marillo answered questions with regard to teacher made materials and how and where to secure commercially made items for use with the overhead.

Activity:	OPEN SESSION --- QUESTIONS AND ANSWERS
Institute Leader:	Dr. Carl Fenichel Founder and Director League School for Seriously Disturbed Children New York City

A portion of this final session was devoted to a slide presentation with commentary by Dr. Fenichel of the many children, teachers, activities, functions as well as history of the League School. It was not, he stated, an attempt at emotional appeal to the Institute participants, but, rather an attempt to bring the League School to them so that they might see the children and some of their behaviors "face to face."

He began... "At this dark moment in human history when the day's bleak headlines describe man's inhumanity to man, and when our land and our people are torn apart by war, racism, alienation, poverty and hunger...it is heartening to know that in a small corner in Brooklyn, there are people quietly working to reduce the human suffering and inhuman waste of childhood mental illness... This is the story of that little corner of earth and the people who inhabit it...this is the story of the school which has grown in many directions...it is the story of people, dedicated staff, parents, friends and supporters who have taken the suffering of these children...upon themselves...most of all it is the story of children...mentally sick children who have only their silence, their confusion and their mental anguish to speak for them.

Here Dr. Fenichel presented a series of slides depicting some historical, but mostly, educational representations of the League School in operation. In addition to the physical facilities and people working in them, one became acquainted rather intimately with the dedicated atmosphere, goal directedness and deep concern of the school for these children. The atmosphere of warmth, understanding and kindness pervaded the activities and behaviors of the staff when dealing with their children.

The global confrontation of the child's problems made possible through the thorough diagnosis of and total involvement with the childrens' problems became apparent as Dr. Fenichel sequenced his commentary and presentation. It became apparent also that aside from the clinical objectivity needed in best dealing with such childrens' needs, the dedication and total involvement of Dr. Fenichel and his staff was an over-arching variable.

"...despite the diagnostic labels our children come to us with, let us look into the faces of these children. These are faces of children living and struggling members of the human family who suffer from all sorts of mental and emotional disorders that disturb, disorganize and often retard the minds of its victims. Children whose illnesses are not as apparent as polio and other physical disablements but which are just as crippling..."

"...at our school we listen to the long, deep silence of children who have never spoken and look into the faces of little children who ask no questions and give no answers and hear the sad, strange sounds of the frightened and lost...and show no surprise at children who tremble on the edge of panic..."

"...There are children who curl up on floors encircled by their own isolation...and there are others who close up their ears and shut out a world that is too much for them..."

"If we look at the size of these children we see they take up no more space than any other child, but surprisingly enough, our public schools frequently have no space for them...it was because of this phenomenon that our League School had its beginning sixteen years ago..."

During the presentation Dr. Fenichel related how the various members of the team, the psychiatrists, psychologists, the social workers, teachers, and supervisors work together as a cohesive group, each contributing his share to the structuring of conditions optimal for positive development of these children. The therapy of the psychiatrists, the insight of the psychologists, the home involvement of the social worker and the daily handling, planning and educating by the teachers and supervisors, all directed toward the ultimate of returning the children to a semblance of functioning and the restoration of some reality to their existence. The unique route by which each child learns is constantly sought out.

"This then is the meaning of our League School...to bring back some of these children who are now hopelessly lost in the dark world of emotional illness...over these sixteen years, we have come a long way together, looking into the inner world of a child. And we have found it more adventurous, essential, exciting and certainly far more precious than the outer world of space..."

Dr. Fenichel's responses to some questions follow:

Q. I am concerned with my parents who ask why doesn't my child learn...will he ever be normal...what can I do to help him?...what will happen once he leaves special education?

A. My problem is reassuring these people that all possible is being done and that he will progress slowly. These parents need evidence of hope.

Q. Can you discuss some panaceas such as, the Peabody Kits, Frostig and operant conditioning?

A. This is a basic question. Contradictory and controversial conclusions have been drawn on causal relationships between reading and other learning disabilities as they relate to various visual perceptual problems. Some emphasize the visual-motor, eye-hand, eye-muscle coordinative skills, form perception, crawling exercises, balance beam, trampolene exercises, etc., as aids to the learning process. More and more people are seeing the problems as being in the areas of integration. At our school we try to improve these training activities but, we don't honestly know whether these things do improve their skills. Some of our children have shown considerable gains in cognitive areas after training in these skills, however, we have found no one-to-one relationship. In addition, many of our children who show gains in these perceptual motor skills, still continue to function at very low cognitive levels. It is apparent then that one cannot endorse or reject trainings of this sort. Many children with poor eyesight, poor perceptual motor problems are excellent students. Many children with cerebral palsy and other gross motor problems go to college. There really seems to be no scientific evidence to support the use of these trainings. I must stress the fact that one must always remember it is the teacher's own intelligence, insights and skills that must translate these things into meaningful, vital, and dynamic everyday education and living.

Dr. Silvers at the League School has pointed out that laterality and dominance are all overstressed, that reading for example is done with the brain and not with the eyes. Many investigators believe that training exercises may help. We believe these exercises must be integrated with cognitive training. One must work with many areas simultaneously. We combine gross motor and fine motor with visual training and concept formation.

Q. What do you see as the qualifications for the public school language teachers? Isn't this job changing more to the structure of language rather than speech correction?

A. More and more there seems to be concensus that the old speech therapist who worked with expressive speech disorders is no longer appropriate in working with these kinds of children. Reducing stuttering, stammering and enunciation used to be the goal of the speech teacher. Receptive language and expressive language, (not to be confused with expressive speech) are more and more regarded as the goal of the language therapist. As you know, there are some children who will never have expressive language, but if we can help a child toward receptive language, then we're helping a person more toward functioning in society and carrying on a more useful role than not having receptive language at all.

Q. Why do some children with many problems become good students and others with fewer disabilities remain academic failures?

A. Little is known about the multiplicity of elements which combine in learning, cognitive acts, etc. I would like to see some work done in the area of compensation. It seems as if this is a very vital factor when dealing with this kind of problem. A child may have such good skills in other areas that perceptual motor skills are totally eclipsed. A child may have intellectual skills which help him overcome these deficiencies. Investigation into the area of how the many elements interact with each other to allow good functioning is most vital. Children many times have all the skills but cannot combine them to make good functioning. A child may not be able to integrate visual and oral modalities such as, a series of dots translated into the oral modality. This question of integration is basic.

Q. What about the child who consistently reverses "b's", "p's", "d's", etc., but cannot read? The consistency alone points to the fact that visual perception may be intact.

A. Dr. Silvers makes the point that immaturity or slowness in neurological developments is a factor not to be overlooked. Some children just need more time to develop than others.

Q. You had pointed out earlier that there are no simple answers or panaceas for these various problems yet there has been a great deal of emphasis on language and language development. Can you discuss this further?

A. I can refer you to a book by a great Russian psychologist entitled "Language and Thought." Understanding what people are saying, i.e., the development of receptive language, allows a child to develop concepts to deal with symbols and abstracts. If I had some one choice of disciplines to help our type of child I would select language. Suppose you, at this point, went to Japan and heard all this chattering going on about you and could make no order out of it yet, you realized much of your behavior and indeed behaviors of others toward you were dependent on your making semblance out of those sounds? Suppose this went on for years and years. Remember the little girl with her hands clapped over her ears in the slides earlier...this has been going on for her entire life. Is it no wonder then that some of these kids withdraw into a world of their own making?

Q. That seems to be the crucial part of your use of the term language and that is concept formation. Deaf children, when asked to respond in a way deaf children can do adequately, have a way to express themselves. Doesn't the frustration for a child occur when one lacks the realization that the child has no available response in a particular modality?

A. Most certainly! Children asked to conceptualize in the way they are capable is of utmost importance. So you see language doesn't refer to only the spoken verbal grunts we make but to non-verbal cues as well. This is such an important area.

Dr. Fenichel brought his final session to a close. A session in which he emphasized the importance of the special education, discipline and especially that of the teacher, in reshaping the chaotic world of the mentally ill child into a less threatening one. Can any human effort be greater than that of the teacher who promotes the highest potential, achievement well-being and self-esteem of a child?

EVALUATION

Participants were asked to evaluate each session by rating as good, fair, poor (1) its degree of application to classroom situations, and (2) the effectiveness of the discussion. In addition, they were asked to identify the most helpful aspect of the individual session, most helpful aspect of the Institute and suggestions for improvement. (See Appendix C). Results of the Evaluation are published in Table I. Cell numbers represent percentages of people checking that category.

TABLE I

	Degree of Application to Classroom Situations			Effectiveness of the Discussion		
	Good	Fair	Poor	Good	Fair	Poor
Monday A.M.	39	33	27	71	17	11
Monday P.M.	77	23		77	23	
Tuesday A.M.	77	23		77	23	
Tuesday A.M.	71	29	4	76	17	5
Tuesday P.M.	71	25	4	67	26	7
Tuesday P.M.	48	30	22	19	30	52
Wednesday A.M.	77	23		No Evaluation.		

The Institute in its entirety was rated as good, fair, or poor in two categories -- Content and Practicality. Results are reported in Table 2.

TABLE 2

	Content			Practicality		
	Good	Fair	Poor	Good	Fair	Poor
Entire Institute	87	13		70	30	

Random samples of Narrative Commentary are listed according to session.

Most Helpful Aspects of the Session:

Mrs. Bonnie Kirkham,Monday A.M.:

- The discussion of classroom techniques as they related to the film.

- Presenting provocative material from which differing points of view were evoked.

- There was ample opportunity to hear very diversified opinions regarding classroom structure and what does and does not help disturbed children. The very best thing I got out of this morning was that I was forced to think carefully about our classroom management. I admire Mrs. Kirkham as a very strong person who obviously has thought carefully about her relationship with her children.

- Awareness of educational strategy in practice. The session made it possible for us to compare, through observation and personal experience, the vast difference between our own classroom structure and that of a completely different setting.

- The "give and take" of the discussion. After the film Mrs. Kirkham had a quiet manner of answering some very critical questions concerning her psycho-educational approach in handling her group of boys. Just this fact of living critical is a healthy sign that we do not just take things without question. Yet, I feel we always need a young person just beginning teaching.

- Reinforced some of my own ideas and conclusions about different aspects of behavior problems and how they could be dealt with effectively.

- The fact that the discussion was so frank, the questions so blunt, and Mrs. Kirkham so honest in her answers made the morning session helpful to participants.

Dr. Carl Fenichel, Monday P.M.:

- Role of clinical personnel and interaction with teachers. Informal "give and take" between speaker and participants. Effective handling and discussion of questions from the floor, allowing for interests of all participants.
- Made me think about inappropriate labels -- and their influence within the classroom. Dr. Fenichel wanted interaction -- good.
- Dr. Fenichel's knowledge in depth.
- Confirmation of ideas which have evolved from several years experience. Reinforcement of need for clinical approach--teach--test--confer--teacher important part of clinical team--child seen as completely individual.
- Actual practice was not discussed to a great extent. However, the overall discussion was excellent and informative.
- Wealth of experience, relaxed methods toward approaching subject.
- Children are first children -- and each child is a unique individual and has his own style of learning. Dr. Fenichel was an authority -- and I think the group responded to his years of work -- This is a fine thing for any Institute -- we can still see that people in authority can change and be willing to change their way of thinking -- That is a sign of a growing person --. He was a learned man and I, myself, enjoy being in a learning situation again. His idea of children who become emotionally disturbed due to learning disabilities, i.e., receptive language disorders need help, by teachers with the help of clinical people in the years ahead.

- The speaker's wisdom.

- Provided awareness of relationships between needs of children with different kinds of behavior problems -- as well as, need to approach child with"diagnosed" similar problems with very individual kinds of treatment/educational programs.

- Dr. Fenichel was very down to earth -- with many helpful functional statements.

- The high interest level of the subjects discussed and the presentation by the speaker.

- Stimulating and educational! Excellent.

- This was an extremely effective session in that what was said was down to earth. This was a direct, informational meeting, at which the importance of teachers, rather then, clinical services, was emphasized. He expressed openly what most of us have felt for some time.

Dr. Carl Fenichel, Tuesday A.M.:

- Dr. Fenichel's practical, down to earth, description of the children, the problems, and the best kind of training for teachers.

- I felt all the things he had to say in regard to teachers were very pertinent -- everything he had to say I agreed with.

- Down to earth, practical approach. The realization that theories are just theories and not to be accepted blindly.

- This session was extremely interesting and Dr. Fenichel covered a lot of material regarding what makes up a good teacher of handicapped children. I found this helpful and interesting because I am in the position of hiring, supervising teachers and involving clinicians and teachers on a par level. I do feel that Dr. Fenichel has so much to offer in the way of classroom practicalities that some of the teachers present were frustrated that this session could have been richer for them. I don't think you can say that this session applied to the classroom other than the fact that the teacher is the classroom.

- Perhaps Dr. Fenichel agreed with my own thoughts but, I feel that I was fortunate to get, not only his point of view, but, the various points of view of the participants. I think we are all well aware of the needs in education and preparation of teachers of the Disturbed. Perhaps more institutes along this line will get teacher preparation institutions on the ball.

- The discussion of the relationship between teacher and supervisor.

- Emphasized the importance and value of introspection into one's feelings, values, and attitudes.

- Dr. Fenichel's obviously sound philosophies of education, knowledge and insight, and his down to earth style of communicating with professionals.

- Excellent! Presentation and discussion of teacher preparation and supervisory preparation was of particular interest.

- The constant stressing of the fact that we as teachers must become totally involved in our children and get to know them as well as we possibly can.

Mrs. Pearl Breslow, Tuesday A.M.:

- Gave ideas as to how current programs can be improved upon. Very interested in their methods of approaching each individual child and programming with this in mind.

- The evaluative handout.

- Mrs. Breslow discussed the many facets of individual planning. She also shared with us formats for grouping children and teacher reporting. Mrs. Breslow again stressed the importance of the classroom teacher and the importance of supportive clinicians. The teachers of my school were disappointed in that there was not time for more discussion of classroom materials and techniques. The most important aspect of this session came across as the fact that the teacher of disturbed children does not and should not, expect her job to be easier and less time consuming because of fewer children. Mrs. Breslow came across very clearly as to the devotion and complete thought a teacher must give daily to be effective. Realistic objectives are imperative in dealing with handicapped children.

- It was good to hear of this school and teachers who had such marvelous supportive services.

- Discussion of actual cases and techniques used.

- Many good suggestions that we might be able to implement.

- Good concrete suggestions for classroom implementation. Again -- stress of importance of teachers having people to discuss things with.

- Very useful ideas in curriculum planning and programming.

- Realizing again the value of discussion and planning of teachers, supervisors, psychologists together for the good of the child.

- The presentation of techniques, practices and theory was interesting. The discussion period pointed out many applications of the League School policy to public school educational settings.

Mrs. Gerri Bradley, Tuesday P.M.:

- Again the focus on concretes and specifics.

- Consistency is needed for damaged children. Speech is more than sounds and articulation problem. Techniques were not new but, used differently for some added ideas.

- Working with children who have auditory problems. I gained some helpful suggestions as to how to assess and remediate.

- I got many concrete suggestions for working with a child with whom I had here-to-for been floundering. Excellent!

- Explanation of specific methods, materials, and development.

- Tracing a specific language problem and programming for correction. Clarification of difference between language and speech.

- Importance of awareness of child's problems in understanding language and its effect on behavior. Also, many suggestions given for language development.

- This was the most helpful, inspiring and informative session thus far in this institute. The most thought provoking realization of this session is that the development, or lack of it, of language can limit a child's ability to learn. For years I have felt that, through my experiences, many children with learning disability and emotional disturbances needed much more help and support to utilize their language functions, even after they have tested verbally in a normal range. Mrs. Bradley is the first person I have heard who is sensitive enough to perceive this.

- Graphic illustrations of the function and dynamics of language were significant! Role of language in personality and learning was well presented.

Miss Robinson and Mr. Marillo, Tuesday P.M.:

- Interesting new uses for overhead and language master.
- Some good ideas for use of the overhead projector were offered. However, most of us are already familiar with the language master and overhead projector.
- The many uses of the overhead projector -- learned new ways of using the language master -- however, I don't feel that this machine is really worth the expenditure that it involves -- children might be motivated to it.
- Actual demonstration of how to use materials and they can be varied for different purposes.
- Seeing the variety of ways to use the language master which I have been using in such a monotonous fashion.
- Actually, I was familiar with the materials shown for the overhead, so that was not informative for me. The thing that was new to me was the transparencies designed for use with the deaf. I believe a variety of materials should have been shown.
- Demonstrated some teacher programmed materials.
- Developing awareness of new ways to use familiar materials.

Most Helpful Aspect of the Institute

- Positive suggestions from both speakers and "trainees."
- Guidance and direction given us by Dr. Fenichel's remarks and experiences, a very enlightening individual whom I highly respect.
- Discussions with Dr. Fenichel -- his sharing of experiences.
- Mrs. Breslow's talk on Curriculum and planning and Mrs. Bradley's talk on language therapy. I would have liked to have had more time with these people!
- Question and answer period.
- Exposure to new ideas in the field and opportunity to communicate with others possessing more and/or different experiences.
- The practicality of the information presented which may be applied to our classes. The fact that Dr. Fenichel's whole staff came and gave us a full view of the program.
- It gave me an optimistic outlook on the whole perspective of Special Education. Mrs. Bradley also gave some specific help which I shall try.
- The fact that Dr. Fenichel and his staff were here. They made this institute informative, practical, and meaningful. It was geared to the teacher and they all followed through in this respect.
- The most helpful aspect of this institute was the many insights given in working with disturbed children. The most effective session was Mrs. Bradley's where concrete examples of the League School program were shared.
- The candid inter-change of ideas, discussion of problems and the chance to talk with other teachers in our area.

2

Suggestions for Improvement

- A helpful area to be included into this institute could have been observations by group of methods and techniques used by the staff at the League School. I would have liked to have seen this institute take place "Where it's happening" at the League School.
- Be sure to have people teaching us with the quality and wisdom of Dr. Fenichel; more demonstrations of really new and worthwhile techniques of teaching.
- Experts from several areas and who have differing approaches to stimulate more dynamic participant interaction and/or discussion. Suggest demonstrations by variety of supportive teachers (art, music, dance, vocat-arts)
- Some sort of practicum in area being discussed with master teacher actually working with types of children institute covering.
- Increased participation from audience. Exposure to new materials and application.
- I think this would be a worthwhile annual thing for this same group. I liked the size of groups, and the variation of specific techniques and academic discussion.
- More involvement of participants -- small groups with some planned activity which requires responses.
- More visual aids such as, films, recorded sessions with children, etc. Shorter periods of sitting and listening. Speakers from more varied backgrounds instead of mainly from one school.

SUGGESTED WORK MATERIALS

STRUCTURING INDIVIDUAL READING INSTRUCTION IN A CLASS FOR EMOTIONALLY DISTURBED CHILDREN

As suggested by: Mrs. Jean P. Cary
Teacher of Emotionally Handicapped Children
Gardiner-Dickinson School
Rensselaer County BOCES
Wynantskill. New York

Objectives of the individual reading period:

1. To give each child a successful reading experience.
2. To develop comprehension, vocabulary, word attack and thinking skills.
3. To establish suitable patterns of behavior during work periods.

The focal point of this plan is a study booth located next to the teacher's desk, adjacent to the chalk board. Here the teacher can keep the rest of the class under observation as needed, while the student is out of sight and away from distractions.

Materials	Use
1. A variety of High-Interest Low-Vocabulary readers	Copies of use are kept in the booth so that one copy can be used for more than one child.
2. A file of duplicated questions for comprehension, (From readers)	Child takes his questions back to his desk after his reading turn.
3. Pocket chart, small	Assignment of reading order. Name cards are posted in alphabetical order. A "first today" card moves down one name each day. (This eliminates the "Can I read next?", and "You read first yesterday!")
4. "Reader at Work" sign	Posted by pupil as he enters booth. Other pupils, working on assignments in other areas of Language Arts, are requested to save questions until the teacher is free.

Materials	Use
5. File Box (3" by 5") with cards	Reading Record cards, record: Name of Pupil, Title of Book, Date, Pages Read and Words to Study. On the back of the record card the teacher notes common reading errors, concepts to be developed, etc. These suggestions are helpful in planning future lessons.
6. 2"by3" blank cards felt tipped marking pens assorted colors	Each word missed is printed on a study card. These may be color coded to pinpoint areas of difficulty in word attack skills.
Elmer's Glue and Salt	For Kinesthetic reinforcement as needed.
Blank Language Master Cards	
7. Vowel charts (notebook size) and Phonovisual Consonant	Our pupils like to be able to refer to these when they have difficulty in remembering letter sounds.
8. Timer Chart paper	May be used in charting reading errors, comparison of reading skill using different materials.
9. Dictionary	

Our present High-Interest-Low Vocabulary materials are new to us, and proving to be popular with the students. We are using The Jim Forest Reader (reading levels, ten books, from 1.1 to 3.1) Four of the books have accompanying workbooks, some programmed. Our older group (12-14) like The Checkered Flag Series by Henry A. Bamman and Robert J. Whitehead. The primary group is enjoying The Time Machine Series. These stories have companion records which include the full story, descriptions of illustrations, and directions to the student as to when to turn the page. The manual contains directions for an art program. All of these books and materials are published by FIELD EDUCATIONAL PUBLICATIONS, INC. (formerly Harr Wagner), 609 Mission Street, San Francisco, California, 94105

The Albany SEIMC has available for borrowing the sets described above, as well as many of the older series which are equally useful as conflict-free materials for disturbed children. We have used successfully The Button Family Adventures Series, The Cowboy Sam Series, Dan Frontier Series, The Sailor Jack Series, and part of the World of Adventure Series. These are available from BENEFIC PRESS, 100 West Roosevelt Road, Westchester, Illinois, 60153.

USING THE OVERHEAD PROJECTOR WITH EMOTIONALLY DISTURBED CHILDREN

As suggested by: Mrs. Jean P. Cary
Teacher of Emotionally Handicapped Children
Gardiner-Dickinson School
Rensselaer County BOCES
Wynantskill, New York

The overhead projector is fast becoming an indispensable aid in our class. I have finally learned that the key to its successful use is pupil participation, and that it is easier for pupils to participate when the overhead is used with the chalkboard. When I first considered having the children trace the image projected directly on the board, I expected that the blocking of the image would be too much of a problem. With a little experience this becomes minimal. These are but a few of the possibilities:

1. Visual motor tracing exercises--Create originals, or make transparencies from Frostig or Continental materials.

2. Manuscript or cursive writing--lines projected from a transparency to the chalkboard are adjustable, and can't be erased. (Chalk obviously is more easily erased from the chalkboard than is grease pencil or magic marker removed from a transparency.) Our students enjoy taking turns with the projector and chalkboard, while the others are working on worksheets at their desks.

3. Maps for Social Studies--Students can fill in details on a projected outline, or maps can be projected on chart paper. Each child can make his own large map to take home.

4. Math examples for drill. A youngster who says "I ain't gonna do that stuff" when presented with a worksheet is quite likely to be willing to work on a transparency at his desk for later projection, or directly on the chalkboard from a prepared transparency.

5. Personalized math problems. The children enjoy seeing their own names projected, and will attack problems more willingly on the chalkboard than on paper.

6. Have your class artist sketch a mural on transparencies. The enlarged projection on the bulletin board or mural paper will give the other members ideas from which to work.

7. Choose commercial transparencies which are simple, and which allow for pupil participation. Some of those published are suitable. We are using the Hayes Phonics Series, The masters accompanying the Sullivan Series are, in part, on transparencies.

8. Our projector has helped us make good use of some of those spare minutes when a focus of attention can mean the difference between chaos and a profitable experience.

SCHOOL-SKILL TRACING BOARD

As suggested by: Miss Margaret Garner, Teacher
Class for the Neurologically Impaired
Brandywine School
Schenectady, New York

The tracing board is a tool for the development of visual perceptual skills. It is useful with children who need training in eye-hand coordination, from perception and visualization.

I have found it valuable in working with children whose hand writing was so poor that it became a deterrent rather than a reinforcement to learning. Trace cards are provided to establish the basic handwriting skills--eye-hand coordination, visual perception of size, shape, likeness and differences, line direction, and continuity. As these are mastered, I have made trace cards using words encountered in the daily reading and spelling program.

It has also been helpful with children who had problems in knowing which hand is used for writing. The manual suggests that in the beginning the child do the tracing exercises with both hands to develop a feeling for the preferred hand. This has proved a worth-while activity for many of the children.

I have also found that some children need the experience of working on the slanted surface as a transitional step between chalkboard training (vertical plane) and working at the individual desks (horizontal plane). The school-skill tracing board may be purchased from P.A.S.S., Inc., Box 1004, Minneapolis, Minnesota.

PARQUETRY TRAINING KIT

As suggested by: Miss Margaret Garner, Teacher
Class for the Neurologically Impaired
Brandywine School
Schenectady, New York

This kit is useful in working with the perceptually handicapped child. It is helpful in such areas as development of figure-ground relationships, perception of position in space, eye-hand coordination.

The manual has suggestions for use of the kit and its contents. I have found that the template activities are the most interesting and appealing to the children in my class. We use the stop watch to check individual progress in ability to fit the blocks into the various templates. This is a real challenge to the child who has difficulty with spatial relationships.

Other activities are: building a design behind a shield--using kinesthetic skills to reinforce the visual; seeing the design in a mirror and reproducing the design from the mirrored image--a real test for the child who has difficulty perceiving position in space; a tic-tac-toe game which makes perceptual training fun.

The kit is well made and the various items are of good quality, packaged in a well designed carrying case. It may be obtained from Visual Needs, Inc., 135 State Street, Rochester, New York 14614.

THE ADAPTATION OF THE MATRIX GAMES TO THE DANDY DOG EARLY LEARNING PROGRAM

As suggested by: Mrs. Elsie Johnson, Teacher (BOCES)
Class for Emotionally Handicapped Children
Clarksville Elementary School
Clarksville, New York

Skills to be taught

a. The concept of a row and left to right progression.

b. Word attack, sequencing of letters.

c. Recognition of shapes and colors as incorporated in the Matrix Games.

d. Comprehension skills involving immediate recall, vocabulary building and speaking in complete sentences.

Steps in Developing the Above Skills

I. Rows on the Matrix Charts are given names corresponding to the row names in the Dandy Dog materials. A cardboard bearing the row symbols is inserted in the Matrix board, i.e. spoon row, flower row, etc. Sample dialogue: "Dick, will you read the flower row?"

   a. First step: Dick traces the row from left to right with his finger.
   b. Second step: Dick responds orally: "In the flower row there is a dog, a boy drinking and a whistle."

II. The childs involvement requires him to follow a single direction: Sample dialogue: "Jane, place a red X on the middle picture in the cone row" or "Jeff, place a green circle on the last picture in the balloon row." Note: Three frames should be exposed when teaching "middle" and "last." It sometimes works better to expose only two frames when teaching "first." To do this insert a blank cardboard over the last column.

III. Verbal responses should be given in complete sentences. Sample dialogue:

a. "What did you do, Mike?"
Response: "I placed the green circle on the last picture in the balloon row."

b. "What does the first picture in the cone row tell us, John?"
Response: "There is a girl feeding a bird."

As the child becomes more proficient he will respond: "In the first picture in the cone row, there is a girl feeding a bird."

Materials used:

"Dandy Dog Early Learning Materials", Robert, McNeil, Whitman
American Book Company

Matrix Games, Lassar Gotkin
Appleton-Century-Crofts

Note Each time a concept is mastered on the Matrix board, it is immediately reinforced by an activity sheet from the Dandy Dog materials.

METHODS AND MATERIALS FOR A PRE-WRITING PROGRAM: Adaptation of the Developmental Learning Materials

As suggested by: Mrs. Elsie Johnson, Teacher (BOCES)
Class for Emotionally Handicapped Children
Clarksville Elementary School
Clarksville, New York

This material is useful with the child who has difficulty with letter size, placement of letters on lines and seeing a word as a unit.

Skills to be developed

a. The size of letters, i.e.,"tall letters," "small letters," "long letters."

b. A word as a unit

c. Words must be separated by spaces.

Steps in Developing the Above Skills

I. Child builds his name using blocks of one color; he does this on his blank card and also on the flannel board using felt squares.

II. Child builds the letters of a word. Start with a word that can be represented by a picture.

III. Child reproduces a sentence using the blanks on his card. Since no pencils are used, a period is represented by a bit of modeling clay. Considerable dialogue is necessary before the child can perform this task. Sample dialogue:

    a. "See there are spaces between the words. I can put two fingers between these two blocks."

    b. "How many words are there on this card?"

    c. "How many tall letters are there on this card?"

    d. "How many long letters are there on this card?"

    e. "How many small letters are there on this card?"

Materials used:

Developmental Learning Materials
3505 North Ashland Avenue
Chicago, Ill.

"TRY" materials

As suggested by: Mrs. Pamela Moore
Teacher
Wildwood School for Neurologically Impaired Children
State and Willet Streets
Albany, New York

At the Wildwood School the "TRY" materials are used as recommended by the publisher. The materials are motivating; they require active participation of each child; they can be used in small groups easily-even in cases of severe behavior disorders. The materials provide much repetition. In general I feel they are a good basic pre-reading program from which, with supplementary materials, a child with learning problems can be prepared for reading tasks. The tasks are primarily visual, visual-motor, or involve the use of language. Additional materials would be essential, particularly in the development of auditory perceptual skills.

"TRY" materials are published by Noble and Noble, 750 Third Avenue, New York, New York 10017. The Authors are George Manolakes, Robert Weltman, Marie Jepson Scian, Louis Waldo. Art and Designs are by Tom Vroman.

Manipulative Letters

A variety of manipulative letters are used with our children at the Wildwood School. Here are a few:

1. Large plywood letters (R.H. Stone & Co.
   18279 Livernois
   Detroit, Michigan 48221)
2. TRY Letters (Noble and Noble Publishers, Inc.)
3. Magnetic Letters (by Creative Playthings)
4. Chartprinter (from Webster's)
5. Flannel Board Letters on Background (from Webster's)
6. Flannel Board Cut out Letters (from Webster's)
7. Primary Typewriter (Remington Rand)
8. Scribble Sticks (R.H. Stone and Co.)
9. Homemade letters of
   - Raised nap paper
   - Sandpaper
   - Pipe cleaners
10. Letter cards of various sizes and shapes
    - Ideal (Webster's)
    - Developmental Learning Materials

These manipulative materials are used in a variety of ways at the Wildwood School:

1. Associating name and symbol for letters, both upper and lower case.
2. Associating upper and lower case letters (as in Aa).
3. Sequencing two or three letters as a pre-reading activity.
    a. reproducing two or three letters (copying task)
    b. reproducing two or three letters from memory (visual memory).
4. Introducing new words as they come in commercial reading programs.
5. Review and drill of words previously introduced.
6. Phonetic drill.
    a. changing beginning sound of word
    b. changing ending of trigrams
    c. associating word pictures beginning letter sound with letter symbol
7. Sequencing words in phrases and in simple sentences.
8. Matching individual letters, words, or phrases.

Special education teachers must realize that there are many manipulative materials available. This selection was made primarily because "our" children often need much repetition in the initial steps of reading-and this repetition does not need to be nonmotivating to either the child or the teacher if she has ways at hand to vary the task.

All of the above materials are used in teaching children who range in age from six years to nine.

APPENDIX A

- FORMAT FOR TEACHER REPORTS -

I. Appearance

II. Self-Help
    A. Toileting
    B. Eating
    C. Dressing

III. Bodily Movement and Coordination
    A. Gross Motor
    B. Fine Motor
    C. Visual Discrimination
    D. Handedness, Laterality, Dominance

IV. Speech and Communication
    A. Hearing
    B. Auditory Discrimination
    C. Language
        1. Receptive
        2. Expressive
    D. Articulation
        1. Specific problems or deficits

V. Symptomatology

VI. Play Patterns

VII. Relationships

VIII. Intellectual/Academic Status
    A. Preferred mode of learning (visual, auditory, tactile or combination)
    B. Body Identification
    C. Spatial Concepts
    D. Specific Deficits
    E. Specific Interests
    F. Functioning Level for
        1. Reading
        2. Writing
        3. Mathematics
        4. Spelling
        5. Science and/or social studies

IX. Home Management Suggestions

X. Requests for Referrals for Specific Information
   A. Physical
   B. Social Worker
   C. Psychiatrist, Psychologist
   D. Educ. Supervisor

XI. Abstract of the report on the "child profile" form

Reference Materials
for Teacher Reports

I. Appearance

Physical description (include unusual aspects)
Characteristic mannerisms
Characteristic behavior
Chronological age

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II. Self-Help

A. Toilet Activities:
- Can child comb hair
- Can child brush hair
- Can child brush teeth
- Can child wash hands
- Can child wash face
- Can child dry hands and face
- Can child use handkerchief
- Can child go to toilet independently

B. Eating

1. Child needs direct supervision. Does child reject all foods?
2. Child eats with group within classroom. Responds to conditioned training; waits to be served, etc., basic knowledge of utensils.
3. Child can be contained in lunchroom setting, has knowledge of and uses utensils. Possesses tolerable eating habits and table manners.

Feeding Activities:
- Can he grasp bread
- Can he get bread into mouth
- Can he grasp spoon
- Can he raise spoon to lips
- Can he get liquids to lip on spoon
- Can he raise fork to mouth
- Can he cut soft food with knife and fork
- Can he cut meat with knife and fork
- Can he drink through straw
- Can he drink from half-filled glass -- 2 hands/1 hand
- Can he drink from full glass -- 2 hands/1hand
- Can he pour liquid from pitcher
- Can he butter bread

REFERENCE MATERIALS FOR TEACHER REPORTS CONTINUED

C. *Dressing*

1. In preparation for dressing self:	On Frame	On Own Clothes
Can Child open zipper		
Can Child open large snaps		
Can Child close large snaps		
Can Child open small snaps		
Can Child close small snaps		
Can Child unbutton 2 inch button		
Can Child button 2 inch button		
Can Child unbutton 1 inch button		
Can Child button 1 inch button		
Can Child unbuckle buckles		
Can Child buckle buckles		

2. Can Child untie bow
Can Child unlace laces
Can Child lace shoes
Can Child tie knot in shoe laces
Can Child tie bow with shoe laces

3. Clothing	Takes off Clothing	Puts on Clothing
. Hat		
. Coat		
. Shoes		
. Socks		
. Cardigan		
. Shirt or blouse		
. Slip on sweater		
. Trousers or shirt		
. Underpants		
. Pajamas		
. Gloves or mittens		
. Overshoes or rubbers		

****

III. BODILY MOVEMENT AND COORDINATION

In assessing a child's abilities and disabilities try to determine whether his inability to follow verbal directions is the result of a receptive language disorder that limits his performance. Try gesture, pantomine and demonstration.

Try to distinguish between a fine or gross motor disability, one that involves visual-perception and one that involves visuo-motor difficulties.

Can he cut with a scissor but not follow outline?
Can he tell a square from a circle but not copy it?
Can he match same and different items but not reproduce them?

A. Gross Motor

Walking
Running
Marching
Jumping
Hopping
Skipping
Dancing
Stand on one foot
Shifts weight
Stairs - 1 or 2 ft. per tread/uses handrail
Climbing " " " " " "
Descending " " " " " "
Jumping Rope
Ball Playing
  a) Throws large/small ball
  b) Catches large/small ball
Wagon
Tricycle
Bicycle
Uses playground material appropriately

B. Fine Motor Activities

Grasp and Release	Grasps pencil Releases pencil Grasps 1" diameter dowel Releases 1" diameter dowel

One-Handed Activities

Places large pegs in holes
Takes blocks out of postal station
Removes large pegs from holes
Puts blocks in postal station
Turns pages of books
Builds with small blocks
Removes disc from color cone
Replaces discs on color cone
Hammers pegs in board
Puts pennies in a bank
Turns light on and off
Opens and closes door
Operates water faucet

Strings large beads
Strings small beads
Passes object from hand to hand
Holds paper and cuts with scissors
Unscrews and screws jar top
Uses sewing cards
Uses tinker toys

Uses hammer and nail set
Manipulates clay
Dials phone
See also pre-writing motor skills and motor skills necessday in dressing

C. *Visual Discrimination*

1. *Color* - Matching two items that are the same color (verbally or by gesture)

Use many differently colored items. Ask child to find the item that matches in color the one you indicate.

Check for all of the folowing colors:

red
yellow
blue
green
white
black
orange
purple
brown
pink
grey

Identification of color by name (same colors as above)

2. Shape - Matching like shapes, of same color, same size

with blocks   with pictures

Matching like shapes of same color, different size
Matching like shapes of different color and same size
Matching like shapes of different color and different size

3. Size - Grading items according to size
i.e. color cone, kitten-in-the-keg

4. Color and Form - Placing parquetry designs on top of simple paper design; making design of blocks like these pictures (on top of design paper) (without design paper)

5. Puzzles - (on top of design paper) (without design paper)

2 pc.	4 pc.	10 pc.
3 pc.	6 pc.	more than 10 pc.

6. Relationships
Copying block combinations
Train 3 blocks

Bridge 3 blocks

Pyramid 6 blocks

Fitting 3 dimensional man together.
(show child the parts - ask him to make a man)

D. Handedness, Dominance

Eye Dominance - Fold 9x11 paper in half 2 times. Tear corner off for peephole. Have the child hold it in both hands at waist level, arms outstretched. Tell him to look to something (light switch, for example) on level at midline by lifting paper, looking through peephole at target, pulling peephole closer to eye.

The eye that looks through the hole is the dominant eye. A paper tube can also be used.

Laterality and Bilaterality
Use peephole again. Have child hold it in both hands at waist line, peephole centered over belly-button. Tell him to raise peephole and look at target. If child holds peephole at mid-line until the bridge of his nose is reached and then shifts to one eye, he is still bilateral and 5 yrs. of age or under developmentally. If the child moves the peephole diagonally from the bellybutton to one eye, he has developed bilaterality and is over 5 yrs. of age developmentally.

Hand Dominance

1) Observe which hand the child uses in various activities, eating, writing, ball throwing
2) Test
   a) Have the child stand with feet touching side by side
   b) Place both arms straight out in front, shoulder height
   c) Drop hands at waist
   d) Close eyes
   e) Child starts counting until told to stop - examiner watches Dominant arm stays higher.

Foot Dominance

1) Roll ball to child - see which foot he kicks it
2) Ask child to stand with back to wall and have him touch the wall behind him with one foot. Observe which foot he uses.

Try these tests at least 6 times, varying the test conditions.

****

IV. SPEECH AND COMMUNICATION

A. Hearing
B. Auditory Discrimination
C. Language
   1) Receptive
   2) Expressive
D. Articulation
   1) Specific problems or deficits

****

V. SYMPTOMATOLOGY

Bizarre Motility - rocks, spins, twirls objects, flips hands

Hyperactivity - physical or mental,
general or situational

Distractibility - auditory, visual
general or situational

Body Preoccupations
Body Image Confusion
Disorientation in time and space

Fears
   a) environmental (people, places, objects)
   b) of imaginary things

Anxiety - general or in response to specific things

Withdrawal
a) from objects - general or specific
b) from people - general or specific

Unusual or bizarre thoughts
Inappropriate thinking

****

VI. PLAY PATTERNS

Child's use of toys (stereotyped,
Child's use of materials (inappropriate, appropriate
Child's use of playground equipment (creative

Games -
Child's participation in games
physical games (describe)
table games (describe)

Child observes rules of games
can understand losing
maintains interest
competes in group situation
competes in one to one relationship
evidences originality and/or creativity

****

VII. RELATIONSHIPS

1. Characteristic manner of not relating to being spoken to, touched or fondled

2. Unusual manner of relating

3. Characteristic manner of relating
   passive, active, clinging, provacative, talking, teasing, pointing, touching, making sounds - follows others or evidences leadership

4. Relationship to other children

   A. Child play: alone
      side by side, with another child
      with 1 or 2 children
      with small group
      with large group

   B. Plays with: younger children
      older children
      siblings
      all children indiscriminately

5. Relates to adults: (either discriminately or indiscriminately)
to teacher
to all males
to another adults in school
to visitors
to all females

Additional observations:
- Slight response such as shifting position
- No related expressive response
- Appears to reject eye contact
- No indication of recognition or interest even of most familiar people
- Weak smile or global massive response
- Readily distracted
- No evidence of recognition of particular person
- No evidence of particular dependence on any one person
- Some differentiation among people
- Some differentiation among children
- Between children and adults
- Responsive to play and affection--different from disapproval
- Evidence of dependence of particular people--profit from experience in relation to people
- Initiates and sustains relationships with adults
- Initiates and sustains relationships with children
- Some effective handling of people to satisfy needs
- Clear distinction among people--reactive to moods, gestures and past experience
- Strong dependent relationship based on satisfaction of child's needs
- Sustained relationship of growing complexity
- Need for peer relationship emerging
- Varying relationships with adults
- Begin to accept limits (give and take)
- Empathy
- Less dependence on adults
- Less manipulation of adults -- desire to please
- More realism and judgement in relationships
- Begins to choose "friends"
- Accepts limits
- Constant questioning -- probing -- but no real relationships evident

****

VIII. INTELLECTUAL/ACADEMIC STATUS

A. Sensory Responses
   1. Preferred Perceptual Modality-visual, tactile, auditory, or combination
   2. Vision
      - acuity
      - oculomotor disturbance
      - retention span
   3. Auditory
      - acuity
      - retention span
      - discrimination
      - comprehension
         - understands simple commands:
            - give me the cup
            - point to the toothbrush
            - pick up the spoon, comb, etc.
            - pick up the comb and comb your hair

B. Body Identification
   1. Child points to or indicates his:
      - head
      - eyes
      - mouth
      - nose
      - ears
      - hair
      - cheek
      - forehead
      - neck
      - arms
      - hands
      - fingers
      - body
      - legs
      - feet
      - chin
   2. Can child discriminate between man - women, boy - girl

C. Spatial Concepts:
hands (up) (down)
point to the (top of the) (bottom of the) box
put your hand (over) (under) mine
put the block (in front of) (behind) the box
put the block (in) take the block (out of) the box
raise your (right hand) (left hand)

D. Specific Deficits

E. Specific Interests

F. Functioning level for

1. Reading
   a) Can child read any words
      1. Cannot read at all ________
      2. Reads less than 25 words ________
      3. Reads from 25 to 100 words ________
      4. Reads more than 100 words ________
   b) Present reader, if any, give name and grade level and indicate how near completion

   c) Present Workbook

   d) How much help (with mechanics of reading) does child require when using present reader

   e) How fully does child comprehend material in reader?
      1. Poor comprehension ________
      2. Fair comprehension ________
      3. Full comprehension ________

   f) If child can read but is not currently using a reader, describe the material he does read and explain why a reader is inappropriate.

   g) In your estimation at what grade level is this child reading?
      1. Mechanical reading skill ________
      2. Comprehension level ________

h) Can child read silently?

i) How do child's observable interests correspond with mechanical reading skill:
    1. Below skill level ______
    2. At about skill level ______
    3. Beyond skill level ______

j) How long can child attend to what he is asked to read?
    1. Attention span is shorter than for most other activities ______
    2. Attention span is about the same as for most other activities ______
    3. Attention span is longer than for most other activities ______

2. Writing

Pre-Writing

a. Recognition of 3 dimension
    point to the
        ball
        square
        pyramid

b. Recognition of 2 dimension
    point to the
        line that goes up and down
        line that goes side to side
        circle
        square
        triangle

c. Scribbles - colors within lines with stencils; colors within lines without stencils

Beginning Writing

Reproduction of:
    vertical line
    horizontal line
    circle
    square
    triangle

Writing

Writes letters manuscript or cursive
Writes numbers
Copies name manuscript or cursive
Prints name manuscript or cursive

Proper formation with structured paper
Proper formation with unstructured paper
Works without copying (structured or unstructured paper)
Writes originally and completely

Motor skills in writing
  Uses right hand, left hand or both
  Gross motions using finger paint
  Holds jumbo crayon
  Colors with jumbo crayon
  Holds small crayon
  Colors with small crayon
  Writes letters with pencil
  Writes words with pencil
  Sharpens pencils
  Uses an eraser
  Uses a ruler
  Folds piece of paper

3. Mathematics
   a. Rote Counting:
      - to 3
      - to 5
      - to 10
      - above 10 to _____
   b. Meaningful Counting
      - real objects
      - pictures objects
   c. One to one relationship
      - give one napkin or cookie to each child in room
   d. Concepts
      - Larger - smaller
      - Longer - shorter
      - More - less
      - Between
      - Before
      - After
      - Over
      - Under
      - Next to
   e. Computation (level)

f. Problem solving (level)

g. Measurement - time, length, money, volume

4. Spelling
   a. Spells known words - rote
   b. Spells phonetically

5. Social Studies and Science
   a. Has experience and background necessary to understand these areas
   b. Has ability to understand and use representational as well as concrete materials

ADDENDA TO REPORT OUTLINE

Bodily Movement & Coordination

1. Does he have efficient, established postural adaptation for creative skill activities:
   - a. Body stance in painting, shop
   - b. Antonomy of hand use: one relaxed while the other works; few or many extraneous motions.
   - c. How much motor involvement is reading: lip motions, finger pointing, place keeping, body accompaniment.
   - d. How much motor involvement reflecting the tension of writing: lip-chewing, mouth twisting, excessive pressure.

2. Does frequent exercise of large muscles help maintain equilibrium.

Speech & Communication

1. Language structure & usage
   - a. Simple sentences
   - b. Complex sentences
   - c. Use of prepositional phrases
   - d. Use of pronouns
   - e. Use of tense

2. Communication
   - a. reflective
   - b. direct and specific
   - c. conversational
   - d. fanciful
   - e. humorous
   - f. how much gesture language employed - in what contexts.

Relationships

- a. on an ideational level alone
- b. feeling level
- c. primitive parallel play
- d. transitional stage
- e. is there one or a few deep channel relationships? Does this imply growth or rigidity

f. what materials, symbols, content does child bring into dramatic play - his own and with others
g. how does (f) serve or hinder the child's developing relationships.
h. does child use toys symbolically, literally
i. where does play shift or disintegrate e.g.
    exchange of roles
    exchange of equipment
    lack of content
    inability to yield to another child's fantasy
j. How strong is motivation to be part of a group?

Play Patterns

1. Can child take disparate materials and make them jell?
2. Does child start with structure and go to content or vis-a-vis or blends both?
3. Is child able to enter fantasy on any level?
4. Does child check fantasy with reality?
5. How kind, how cruel is fantasy?
6. What is content of fantasy and/or reality in play?
7. Does child take on cultural role "assigned" to sexes?

Expansion of Interests and Understanding

- Can child make correct analagies?
- How does child classify things? e.g. is function the dominant mode?
- Is child's ideation organized around doing or is it reflective in the main?
- Is there any attempt to place non-personal experience on a time scale?
- How much contact with here and now necessary as compared with long ago?
- Recognition of relative degree, e.g., relative age, relative strength.
- Is the child establishing causal sequence?
- Is child able to hold together in one act of understanding a number of facts and relations?
- Is the child showing awareness and curiosity re: natural phenomena. e.g., where does the moon get its light.

CHILD'S NAME PROFILE ABSTRACT CHRON. AGE DATE OBSERVER

SELF-HELP

HEARING AND AUDITORY DISCRIMINATION

ACADEMIC-INTELLECTUAL READINESS

color -
shape -
size -
form -

GROSS MOTOR

SPEECH AND COMMUNICATION

READING

FINE MOTOR

PLAY PATTERNS

MATHEMATICS

VISUAL DISCRIMINATION

RELATIONSHIPS

WRITING

HANDEDNESS
LATERALITY
DOMINANCE

SYMPTOMATOLOGY

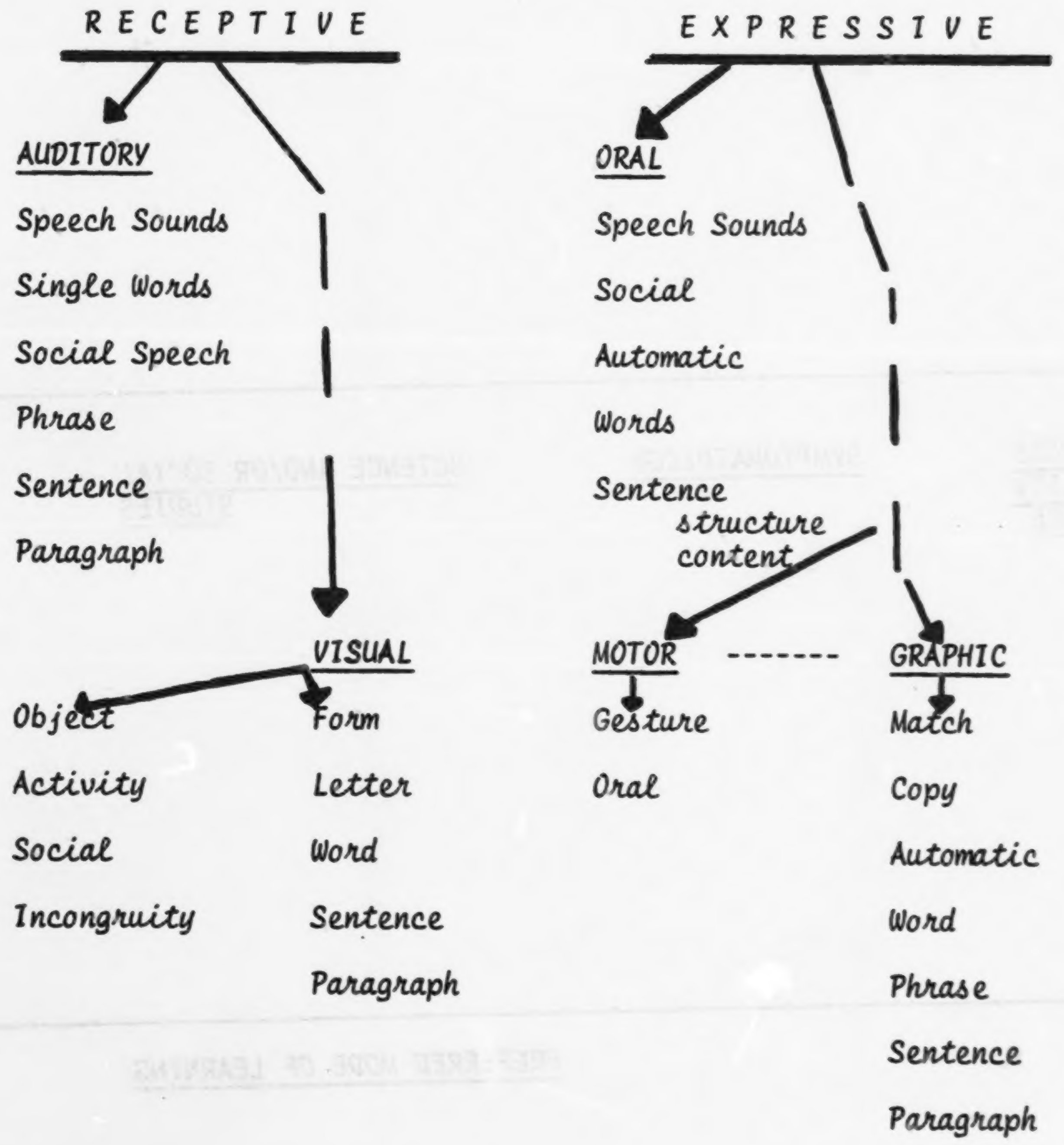
SCIENCE AND/OR SOCIAL STUDIES

PREFERRED MODE OF LEARNING

INTERESTS

APPENDIX B

LANGUAGE



RECEPTIVE

AUDITORY
- Speech Sounds
- Single Words
- Social Speech
- Phrase
- Sentence
- Paragraph

VISUAL
- Object
- Activity
- Social
- Incongruity

- Form
- Letter
- Word
- Sentence
- Paragraph

EXPRESSIVE

ORAL
- Speech Sounds
- Social
- Automatic
- Words
- Sentence

structure
content

MOTOR -------
- Gesture
- Oral

GRAPHIC
- Match
- Copy
- Automatic
- Word
- Phrase
- Sentence
- Paragraph

APPENDIX C

A SPECIAL STUDY INSTITUTE

AN INSTITUTE FOR INTERVENTION TECHNIQUES FOR SPECIAL CLASS TEACHERS OF EMOTIONALLY HANDICAPPED AND BRAIN INJURED CHILDREN

Evaluation

1. Rate the degree of application to classroom situations this session offers: GOOD_______ FAIR_______ POOR_______
2. Rate the effectiveness of the discussion: GOOD_______ FAIR_______ POOR_______
3. Identify the most helpful aspect of this session.

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A SPECIAL STUDY INSTITUTE

AN INSTITUTE FOR INTERVENTION TECHNIQUES FOR SPECIAL CLASS TEACHERS OF EMOTIONALLY HANDICAPPED AND BRAIN INJURED CHILDREN

Evaluation

1. Rate the degree of application to classroom situations today's presentation offers: GOOD______FAIR______POOR______

2. Evaluate the entire Institute:

   Content: GOOD______FAIR______POOR______

   Practicality: GOOD______FAIR______POOR______

3. Identify the most helpful aspect of the Institute.

4. Identify suggestions to improve future Institutes of this nature.

Other Comments:

EPILOGUE

Every effective Institute may be thought to have essentially four components: choice of topics, quality discussion leaders, interested participants and most integrally the interaction of all these. One might consider these components as the goals the communication, the receptors and the vehicle, respectively. Each may serve as a catalyst for the other. In retrospect we feel all four of these ingredients were optimally present at our recent Institute. We acknowledge the appropriateness of the educational insights and implications which Dr. Fenichel and his colleagues presented. Mrs. Kirkham is to be thanked for the presentation of her exciting involvement with psycho-educational approaches. Also thanks go to Mr. Marillo and Miss Robinson for their materials-oriented presentation. The efforts of the planning committee, in selecting out speakers who can most effectively deal with the exigencies confronting specialist teachers, must be commented on. The support of Dr. George Maybury, District Superintendent, B.O.C.E.S., Messrs, Richard Hehir, Charles Matkowski and Edward Sontag of the State Education Department provided the reinforcement necessary to shape our direction and further congeal our ideas.

The worth of the Institute must be measured, however, in terms of the motivation and renewed vitality which becomes translated to the final recipients - the children.

Most sincerely,
Bernard A. Jordan,
Director of Special Education, BOCES
and
Lester W. Haas,
School Psychologist, BOCES

Co-directors of the Institute and
Co-authors of the Proceedings